

EXHIBIT E

IN RE HIGH TECH EMPLOYEE ANTITRUST LITIGATION
United States District Court for the Northern District of California, San Jose Division
Master Docket No. 11-CV-2509-LHK

CLAIM FORM

PLEASE CAREFULLY READ THE ENCLOSED NOTICE BEFORE COMPLETING THIS CLAIM FORM.

DEADLINE: To receive a settlement payment, you must either complete and submit a Claim Form online at www.HighTechEmployeeSettlement.com by ~~Month, Day, Year,~~ March 19, 2014, or complete and return this Claim Form postmarked on or before ~~Month, Day, Year,~~ March 19, 2014, to

In re High-Tech Employee Settlement Claims Administrator
c/o Heffler Claims Group
P.O. Box 58340
Philadelphia, PA 19102-8340

If you do not submit online or by mail a properly completed Claim Form on or before ~~Month, Day, Year,~~ March 19, 2014, then your claim will be untimely and you will ~~be precluded from any recovery of proceeds~~ not receive any money from the partial settlements with the Settling Defendants.

YOUR SHARES OF THE PARTIAL SETTLEMENTS: Your settlement shares of the partial settlement with Pixar and Lucasfilm, and the partial settlement with Intuit, will be based upon the total base salary you received in a Class Position during the Class Period relative to other Claimants.

NOTES:

- 1) ~~NOTE:~~ This Claim Form is provided to you by the Court-appointed Claims Administrator, Heffler Claims Group. ~~Apply for a payment from both the partial settlement with Pixar and Lucasfilm, and the partial settlement with Intuit, by using just one Claim Form. If you have questions about this Claim Form, contact the Claims Administrator at XXX XXX XXXX.~~
- 2) There are two partial settlements: (a) Lucasfilm and Pixar and (b) Intuit. If you fall within the class definition, you may receive money from both partial settlements. You may participate in both settlements, only one settlement, or neither settlement. You have the following choices:
 - a. Receive money from both settlements. Submit one Claim Form. It will be deemed filed for both settlements and used to calculate your settlement share of both settlements. DO NOT FILE AN EXCLUSION REQUEST.
 - b. Receive money from only one of the settlements. Submit one Claim Form. It will be used to calculate your settlement share of one of the settlements. YOU MUST FILE A TIMELY EXCLUSION REQUEST indicating the settlement from which you wish to be excluded. (Instructions in Question 20 of the Notice.)
 - c. Get no money under either settlement if you do not file a Claim Form or if you exclude yourself from both settlements. (Instructions in Question 20 of the Notice.) If you separately have written to exclude yourself from both settlements and later submit a Claim Form, your Claim Form will be deemed invalid and you will receive no money.

SECTION A: CLAIMANT INFORMATION. Please review, correct, and/or complete your contact information.

Please print clearly. The address listed is where the Claims Administrator will send your Settlement check when the settlement funds are distributed.

Claim #: <<pre-filled>> . ~~Note This claim number is a unique identifier that you can use together with your Social Security Number to access and complete your claim information online at www.HighTechEmployeeSettlement.com.~~

Note: This claim number is a unique identifier that you can use together with your Social Security Number to access and complete your claim information online at www.HighTechEmployeeSettlement.com.

Name: <<pre-filled>>

Address (line 1): <<pre-filled>>

Address (line 2): <<pre-filled>>

~~4132186.3~~ 1137669.2

City, State, ZIP: <<pre-filled>> _____

Last four digits of Social Security Number <<SSN>>: _____

Please list any other names used while employed by a Defendant: _____

*If your information is different from those shown above left, print corrections on the lines to the right.
If your information changes, you are responsible for updating the Claims Administrator.*

The following additional information will help the Claims Administrator to reach you if there are any questions or difficulties sending you your settlement check:

Daytime telephone number (with area code): _____

Evening telephone number (with area code): _____

Email address (at work and/or home): _____

SECTION B: YOUR ESTIMATED SETTLEMENT SHARE, DATES OF EMPLOYMENT, AND RELEVANT JOB TITLES.

1. Company records show that you may have been employed by one or more of the seven Defendants in a Class Position during the Relevant Class Period as defined in the Settlement (see ~~Section~~ Question 8 of the Notice).

To protect your privacy, a summary of these company records is available for you to view online at the website www.HighTechEmployeeSettlement.com. Please log on to www.HighTechEmployeeSettlement.com using your claim form number (printed on the prior page) and your Social Security Number to view or supply your qualifying positions and time periods covered by the Settlements as described in ~~Section XX~~ Question 8 of the Notice and listed fully on the website. If you believe any of the information listed there is incorrect or incomplete, you will have an opportunity to submit corrections online, and to upload copies of any documents (such as employee records, or pay stubs) supporting your correction(s).

Note: *If you do not submit a correction, you waive your right to challenge the information supplied to the Claims Administrator and available to you online. By submitting a correction, you will authorize the Claims Administrator to review company records and make a determination based on company records and the records you submit. This determination may increase or decrease the value of your shares of the partial settlements. All such determinations by the Claims Administrator are final and binding with no opportunity for further appeal.*

2. Signature. You must sign here to submit your Claim Form by mail. Claim Forms may also be submitted online with an electronic signature at www.HighTechEmployeeSettlement.com.

I declare that the information set forth above regarding my employment as a Class Member is true and correct, to the best of my knowledge.

Dated: _____, _____ Signed: _____

QUESTIONS? If you have questions regarding this Claim Form, how to submit a claim, or the partial Settlements, please visit the website www.HighTechEmployeeSettlement.com, or contact the Claims Administrator as follows:

In re High Tech Employee Litigation Settlement Administrator
Heffler Claims Group
P.O. Box 58340
Philadelphia, PA 19102-8340 (888) 980-9436
www.HighTechEmployeeSettlement.com

Please review your claim form to ensure that you have filled it out in its entirety.

~~You must complete and submit your claim form online by **Month, Day, Year**, or mail your completed claim form to the settlement administrator at the address provided above, postmarked no later than **Month, Day, Year**.~~

IF YOUR CLAIM FORM IS SUBMITTED ONLINE AFTER ~~MONTH, DAY, YEAR~~, MARCH 19, 2014, OR POSTMARKED AFTER ~~MONTH, DAY, YEAR~~, MARCH 19, 2014, **YOU WILL NOT BE ENTITLED TO RECEIVE ANY SETTLEMENT PAYMENT.**

THE CLAIMS ADMINISTRATOR WILL NOTIFY YOU IF YOUR CLAIM FORM IS **INCOMPLETE**. THEREAFTER IF YOU DO NOT CURE THE DEFICIENCIES WITHIN THE TIME SET BY THE CLAIMS ADMINISTRATOR, **YOU WILL NOT BE ENTITLED TO RECEIVE ANY SETTLEMENT PAYMENT.**

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Document 2 ID	file:///H:/Desktop/Kelly/claim form - oct 24, 2012.docx
Description	claim form - oct 24, 2012
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Deletion	
Moved from	
<u>Moved to</u>	
Style change	
Format change	
Moved deletion	
Inserted cell	
Deleted cell	
Moved cell	
Split/Merged cell	
Padding cell	

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